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CONFIRMATION NO. 8047

SERIAL NUMBER 10/607,664	FILING OR 371(c) DATE 06/27/2003 RULE	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. SP112.1
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APPLICANTS

Bret A. Ferree, Cincinnati, OH;

** CONTINUING DATA *****

This appln claims benefit of 60/392,234 06/27/2002

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
09/22/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY OH	SHEETS DRAWING 20	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]					

ADDRESS

25742

TITLE

Bone cell covered arthroplasty devices

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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